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ABSTRACT

The purpose of this guide is to provide local Head Start program decision-makers with a tool that will be useful in developing needs assessments appropriate to their communities, whether urban or rural. Although the guide focused on community needs assessments for planning mainstream services for children with handicapping conditions, its principles and processes can apply to developing more general community needs assessments by Head Start programs. The materials, adapted to local situations, can be used to design a systematic process that measures needs against available resources in a manner useful to local programs in their own environment. Contents concern (1) assessing handicap service needs in Head Start; (2) the Head Start Program 6 Cycle; (3) planning the assessment process; (4) a step by step process for planning and implementing community needs assessments for children with handicapping conditions; (5) an assessment planning calendar; implementing the process; (6) gathering information; (7) sample surveys, such as a resource awareness survey, a community resources checklist, a survey of community needs and resources, a community needs assessment for family services, and a survey of parents of children with handicapping conditions; (8) consumer information; (9) survey forms; (10) tabulating the data; and (11) using the information. (RH)

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HEAD START CONNECTIONS

A Mainstream Guide
to
Assessing Community Needs

PS 015687

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1986

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The Region V Task Force of State Handicap Service Specialists and RAP Directors who prepared this publication wishes to acknowledge with sincere gratitude the contributions of all who participated in the development of ideas and methods contained herein.

The task forces in each state all demonstrated insights into the process of understanding the needs of children with handicaps in the context of their communities, and the role of Head Start in insuring they receive needed services.

Participants in workshops in each state contributed ideas and generally enriched the pool of knowledge of how needs assessments can be implemented in a local Head Start program.

Staff members of various state and local agencies were called upon for their expertise in data collection and other relevant areas.

It is the hope of the authors that this collective effort adds to the ability of Head Start programs throughout the Region to respond even more effectively to the identified needs of children with handicapping conditions.

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FOREWORD

The Handicap Services Community Needs Assessment Guide, "Head Start Connections," is the product of a task force within the Region V Administration for Children, Youth and Families, made up of the State Handicap Services Specialists and representatives of the Portage and University of Illinois RAP, working with local program and regional office staff members.

Those involved in the project have contributed significant time and energy to the development of this guide. The Task Force hopes it will be useful to local Head Start programs in planning and conducting more effective handicap services community needs assessments.

Head Start programs in Region V have long been aware of the importance of assessing community needs as a basis for program planning. The process is described in the Head Start Administrative Manuals published by CCA in 1981. Questions have continued to arise, relating to criteria and methods for implementing the needs assessment as it applies to children with handicapping conditions. There is awareness that the needs of these children particularly are frequently complex, as is the service system for providing for their needs.

The purpose of this Guide is to provide local Head Start program decision-makers with a tool that will be useful in developing needs assessments appropriate to their communities. The concepts and instruments contained in the guide should be applicable in any program, whether it is located in an urban area rich in service resources or in a rural area with more limited services available. It is intended that materials are to be adapted to local situations for use in designing a systematic process that measures needs against available resources in a manner useful to local programs in their own environment.

It should be noted that although this publication focuses on community needs assessments for planning mainstream services for children with handicapping conditions, the same principles and processes apply in developing more general community needs assessments by Head Start programs. Results of the handicap service needs assessments will be used as part of the general needs assessment to give a clear picture of the needs of children in the community in which Head Start is located.

Further related materials are available from the State Handicap Services Specialists or the RAP in your area.

ASSESSING HANDICAP SERVICE NEEDS IN HEAD START

In Head Start, a community needs assessment (CNA) can provide valuable information for planning, effective recruitment and enrollment procedures and delivery of services. For this reason, the Administration of Children, Youth and Families has long required local programs to conduct community needs assessments.

A community needs assessment is a collection and study of information about the nature and extent of a population's needs and the community resources related to those needs. One important aspect of a local program CNA effort is to identify numbers of pre-school age children with handicapping conditions, their special needs and the resources available to meet those needs.

Needs in Head Start communities are constantly changing. Head Start staff and policy making bodies must maintain an awareness of current service requirements. A needs assessment effort involving the community enables programs to structure their services to respond more effectively to local needs, within the context of Head Start Performance Standards and the network of existing community services.

The Handicap Services CNA can yield benefits to the program which far outweigh the costs and efforts required to conduct it. CNA helps by:

1. increasing the capability of the program to enroll children with handicapping conditions who have been identified prior to enrollment, and who most need Head Start services;
2. assisting the program to acquire information essential for ongoing assessment and improvement of the handicap services effort;
3. identifying available community services, thus insuring the most effective use of Head Start resources and enhancing the program's ability to focus on meeting individual needs;
4. generating a reliable data base for use by Head Start policy making groups in (a) setting priorities for use of resources, (b) applying for increased funding, (c) planning for expansion or special projects;
5. increasing Head Start visibility and community understanding of its comprehensive program, resulting in enhanced ability to network effectively.

Figure 1

THE HEAD START PROGRAM 6 CYCLE

NEEDS ASSESSMENT IN THE PROGRAM CYCLE

The community needs assessment is a primary task in the planning cycle. Figure 1 presents the sequence and interrelationship of events in a cyclical process.

Phase 1. **Assessing Needs**
Develop data on children with handicaps in target areas; state problems; rank according to severity of need.

Phase 2. **Analyzing Resources**
Include grantee, Head Start and community resources.

Phase 3. **Establishing Priorities**
Decide on most needed services.

Phase 4. **Establishing Goals**
Prepare goals and objectives for services to children with handicapping conditions, within each component.

Phase 5. **Developing Strategies**
Develop methods for providing services to children with handicaps, within Head Start or through cooperation with other agencies.

Phase 6. **Implementing the Program**
Operate programs and services according to component and handicap service plans.

Phase 7. **Evaluating Results**
Measure outcomes according to predetermined indicators, including Performance Standards and recommended practices.

PLANNING THE PROCESS

A systematic approach to identifying needs requires careful planning, whether the process is simple or more elaborate.

The Head Start Director makes the decision to implement the project, in consultation with the Policy Council, allocates the necessary resources, and either undertakes its direction or appoints a project coordinator. This may be the handicap services coordinator, as the staff who is most knowledgeable about the needs of children with handicapping conditions and related resources; coordinators of other components may be considered. One option is to hire a special coordinator on limited-term assignment. Regardless of who is named project coordinator, all component coordinators should be involved with the project to the extent the community needs assessment influences decisions in their special area of the program.

Programs that are projects or delegate agencies of a larger grantee such as school system or community action agency may choose to use the planning resource of the grantee to the extent it is available. If the grantee takes major responsibility for all agency needs assessments, active involvement of Head Start in the handicap services aspect may be necessary, because of its expertise in that topic area.

USING A STEERING COMMITTEE

The project will be strengthened if a steering committee or task force provides input into planning and implementing the process.

Advantages to using a steering committee are:

- Members will provide a cross section of viewpoints;
- Members can participate in carrying out tasks;
- Members can provide support for program plans resulting from the project.

Disadvantages are:

- It may be difficult to recruit members who have adequate time to spend;
- Irregular attendance at meetings may delay informed decisions;
- The expense may be too great, if members must travel distances.

Membership on the committee will be determined by the size of the program, the area to be assessed and the number of people available. The committee should be large enough to be representative but not so large as to be unwieldy.

ESTIMATING THE COSTS

When developing the work plan for the community needs assessment for handicap services, as shown in Figure 2, it is good practice to estimate the actual cost for each activity, such as staff time, supplies and postage, travel and telephone (if long distance calling is necessary). An estimate of in-kind contributions of time or materials should be included in the projections, in order to obtain an accurate reading in advance of the resources needed to complete the project successfully.

One method would be to add a fourth column to the chart in Table 2. labeled "costs and in-kind." The Head Start Director and project coordinator would then gain a clear picture of the costs and benefits to the agency.

DECIDING ON THE AREA

The single county or school district Head Start program will probably not need to make a decision to limit the geographic scope of the needs assessment. Multi-county programs that serve large areas or programs in densely populated cities may need to consider the possibility of assessing only specific portions of their entire area.

Factors in making the decision are:

- the size and demographic composition of the area Head Start serves:
- the number of community resources, and the similarity of their catchment areas to that of Head Start;
- personnel and fiscal resources available to the process.

Rural areas would need to look at resources that may be based outside the area, for an accurate assessment of community services available to the population enrolled in Head Start.

TRAINING PARTICIPANTS

If all participants have a thorough understanding of the process, its purpose and intended outcomes, the collection of appropriate information will be expedited. By participants is meant staff, committee members, those who supply statistical data or who respond to surveys. Training need not be time consuming. It should focus on the purpose of the project, procedures to be used, use of instruments, participant responsibilities and intended use of the information. Training may be informal presentation at training meetings, written communication or on a one-to-one basis.

Participants	Training Content
Head Start Director	1. Provide overview of goals, purpose;
CNA Project Coordinator	2. Identify community resources;
Policy Council	3. Review process, steps to be used;
Task Force or steering committee	4. Clarify the service area to be surveyed;
Survey respondents	5. Review survey instruments, methods;
	6. Review schedules for completion;
	7. Respond to concerns.

Figure 2

STEP BY STEP PROCESS for PLANNING and IMPLEMENTING COMMUNITY NEEDS ASSESSMENTS for CHILDREN with HANDICAPPING CONDITIONS

ACTIVITIES	PERSONS RESPONSIBLE	GUIDANCE AND RESOURCES
1. Appoint a task force; develop written information on project goals and plans for dissemination prior to first meeting.	Head Start Director with Project Coordinator.	1. Suggested task force members: component coordinators; parents of children with handicap-conditions; who have need and/or knowledge of resources; key community agency personnel advocates; grantee or community planning staff.
2. Decide on work plan, with appropriate time lines for completion.	Project Coordinator, task force members.	2. Coordinator may wish to structure meeting carefully to help group focus on issues. The task force should meet regularly and frequently enough to participate in timely decisions.
3. Determine data needed, and appropriate methods by which to obtain it, and sources where it may be found.	Project Coordinator, task force members	3. Sources will vary among communities; numerical data may be found in census information. Consumer information can be obtained from parents in Head Start and waiting lists, 0-3 programs, parent support and advocacy groups. Resource information is available from a wide range of health and mental health providers as well as more typical agencies set up to serve children with handicaps. Much information may be already available in your program files, in child and family assessments.
4. Prepare assessment instruments.	Project Coordinator with task force input/approval.	4. A local planner or research group in a nearby college or university may be helpful in devising survey instruments. Some samples are included in this publication.
5. Train participants in needs assessment process, and assign tasks as needed.	Project Coordinator, task force members.	5. Basic understanding of the purpose of the project and how information will be used is necessary to the information-gathering process. If interviews are used, those doing the interviewing should be trained in basic skills.
6. Participants complete assignments, report information obtained.	Project Coordinator, task force members, all others recruited to gather information.	6. Coordinator may require periodic progress reports. Everyone involved must be informed of dates for completion of assignments.
7. Compile, review data/information received	Project Coordinator for task force review.	7. Accurate tally of factual information and expressed needs will facilitate use of findings in agency planning.
8. Develop summary, interpret results.	Project Coordinator, for committee members' approval.	8. The summary and interpretation of needs will need to be carefully developed to avoid bias. It should be shared with participants, including community resources which provided information.
9. Determine suggested priorities for use in component plans; submit to Head Start Director.	Project Coordinator; task force.	9. The task force can be very useful in making sure that a variety of viewpoints contribute to the recommended priorities for action by the program.
10. Head Start Director reviews results, submits final report to the Policy Council for consideration in approval of program and component plans.	Head Start Director	10. The Policy Council will have information for making subsequent decisions.

Keeping Track of Progress

A reporting system that keeps the coordinator informed of progress is critical to insuring the project is completed on schedule and interlocking activities proceed in an appropriately sequential manner.

A simple method is a planning calendar, in which target dates are set for the completion of each activity and indicated on the calendar by week and month. Completion of each task is shown by a symbol that lets the coordinator see at a glance the progress of the project.

Figure 3 is a sample planning calendar.

Figure 3

PROJECT: COMMUNITY NEEDS ASSESSMENT — PLANNING CALENDAR

△ - tasks to be completed ▲ - tasks completed

Program Year _____

TASKS **MONTHS**

1. Appoint a task force.
2. Decide on work plan.
3. Determine needed data and methods to obtain it.
4. Prepare assessment instruments.
5. Train participants and make assignments.
6. Complete assignments; report.
7. Compile, review all information.
8. Develop summary, interpretations
9. Determine possible priorities, submit to Director.
10. Director reviews results, with Policy Council.

IMPLEMENTING THE PROCESS

In order to acquire the information needed for responsible program planning, it is necessary to decide in advance exactly what information is needed, the most effective and efficient method to obtain it, and where to go to find it. Several factors will influence the decision as to what method is most appropriate: a) the nature of the information wanted, b) the source of the information, and c) such factors as time and personnel limitations.

GATHERING INFORMATION

Four basic methods are most frequently used in gathering the information needed for a needs assessment:

1. Review of the literature
2. Written surveys or questionnaires
3. Interviews
4. Structured meetings.

Each method can provide pertinent segments of information; used in combination, they will yield a more complete picture of services adequacy measured against perceived needs.

REVIEW OF THE LITERATURE

Sources are:

- Statistical studies and research reports.
  Disability advocacy groups, the Developmental Disabilities Council, Maternal and Child Health and SSI Units are good sources for published research, as are masters' theses and similar reports.
- Agency brochures and annual reports.
  Public and private social service agencies, health and mental health agencies periodically disseminate materials giving statistical data, eligibility requirements and fee schedules along with descriptions of available services.
- Information from your own agency
  Data from intake process, individual needs assessments and records from the Social Services Component of the local program are useful sources, if information is used in aggregate to protect confidentiality.

Advantages to using these materials are:

- Use of materials already available may save time;
- Materials can be reviewed at coordinator's own pace;
- Most sources are available in program's files or on request.

Disadvantages are:

- Tracking down appropriate sources may be time-consuming;
- The information may not be completely current;
- Research biases may be unknown;
- Information may be insufficiently specific or incomplete.

SURVEYS OR QUESTIONNAIRES

Questionnaires or survey instruments enable the program to gather specific information in answer to a set of predetermined questions. If carefully designed, they are useful in contacting large numbers of consumers or provider agencies with a minimum investment of time and personnel. They may be open-ended questions, or require forced choice among several answers, or they may simply solicit statistical data. If both factual data and opinions are requested in the same instrument, they should be carefully differentiated. A local college or university may be able through its research facilities, or by making a graduate student available, to help programs design surveys that effectively elicit the information needed.

The advantages of questionnaires/surveys are:

- The information is standardized, therefore easy to tabulate
- The instrument can be easily administered; it may be mailed to respondents, reducing staff time;
- The information can be used to compare attitudes of different groups.

The disadvantages are:

- The response rate may be low, requiring follow-up.
- Interpretations of questions may vary according to respondent;
- Information may be biased by self-selection of respondents;
- If there are large numbers to be surveyed, it may be difficult to select a representative sample.

INTERVIEWS

If the interview technique is to be used, it must be well planned. The interviewer must follow an outline or survey form, to obtain consistent information that can be readily tabulated. He or she must be knowledgeable in interviewing skills, to avoid biasing responses. The interviews may be done face-to-face, singly or in groups or over the telephone.

Advantages to using interviews are:

- Face-to-face contact helps in understanding the responses;
- Interviews are useful for resppondents who have poor reading skills;
- The interviewer can clarify questions and answers immediately;
- An interview is useful in building rapport.

Disadvantages are:

- They require a large investment of time;
- Interviewers may report responses inaccurately;
- Information may be recorded in such a way as to make tabulation difficult.

STRUCTURED MEETINGS

Meetings of parents or staff from key agencies, if managed well, can yield very useful information with a small investment of time. A group technique, such as nominal group method, for example, will provide more accurate information then informal discussion. Another possible method is a group interview.

Advantages of meetings are:

- They are time-effective;
- The group setting can create rapport;
- The generation of ideas is stimulated; they may be examined immediately.

Disadvantages are:

- A group leader with knowledge of group techniques may not be available.
- Poor attendance will not provide a representative sample;
- Unintentional bias may be caused by self-selection of those who will attend a meeting.

Regardless of the method used, it is crucial to clarify in advance the purpose of the information and how it will be used. Care must be taken to protect confidentiality of personally identifiable information at all points in the data collecting process.

WHAT INFORMATION IS NEEDED?

Four kinds of information are basic to assessing the service needs of children with handicapping conditions as measured against available resources:

1. General community information
2. Numerical data
3. Resource Information
4. Consumer Information

The following chart summarizes a sequence for collecting each type of information, and suggests sources for each. These will, of course, vary from community to community; some may be available everywhere. Each program must decide what appropriate sources are available in the local community. Also, activities are listed here in a sequence; in fact, many will overlap or occur simultaneously.

Figure 4

GATHERING INFORMATION

The Process At A Glance

STEPS IN THE PROCESS	SOURCES
I. ACQUIRE GENERAL COMMUNITY INFORMATION	
1. Decide on information needed. 2. Determine sources. 3. Search agency files. 4. Send out requests for printed information as needed. 5. Review materials obtained.	Mission statements of community agencies; news clippings; public budgets; annual reports; advocacy group reports; services experts, such as college faculty, United Way planners, municipal officials, etc.
II. COLLECT NUMERICAL DATA	
1. Decide on information needed. 2. Determine sources. 3. Develop format for obtaining data. 4. Make appointments with sources. 5. Assign personnel to obtain data. 6. Complete assignments.	Federal and school census; regional planners; public health/welfare agencies; Developmental Disabilities Council; DD support groups; Easter Seal; health professionals; United Way planners, municipal planners and officials, and others as appropriate.
III. COLLECT RESOURCE INFORMATION	
1. Identify resources and compile a mailing list. 2. Develop/adapt instrument or interview questions. 3. Prepare a cover letter for mailed surveys. 4. Disseminate survey with cover letter, indicate date to be returned. 5. Make appointments for interviews or follow-up as needed. 6. Complete assignments.	Community Directories; interagency clearinghouse, if there is one; United Way; telephone book. Research professionals may be available to assist in developing appropriate surveys; samples are included in this publication.
IV. COLLECT CONSUMER INFORMATION	
1. Decide on information needed. 2. Determine groups or individuals to be surveyed or interviewed. 3. Determine methods to be used. 4. Develop or adapt instruments. 5. Contact other agencies for cooperation in sending out surveys, if appropriate. 6. Assign personnel to conduct interviews, lead meetings, disseminate questionnaires, according to methods described above. 7. Complete assignments.	Program and family needs assessments of parents and children in Head Start; Parents of children on waiting lists; Parents of children in Early Childhood programs in school, child care centers; Members of parent support or advocacy groups; General community groups. Cooperating agencies may send out surveys or refer individuals for interview. Mailing lists will not be available, due to confidentiality requirements. Select persons with skills in interviewing or in group leadership, or provide training.

GENERAL COMMUNITY INFORMATION

Head Start programs provide services within the context of the service environment of the community in which they are located. These may affect Head Start planning. Some community issues to be considered in looking at services to young children with disabilities are:

- Mandates from the state for special educational services through the school systems or other systems, and how they are implemented.
- Impact of the local economy on services to the target population.
- Availability of services in the locality as opposed to only at a distance.
- Interagency networking and referral.
- Strengths and weaknesses of local advocacy groups.
- Community support for maintaining children in their own homes as opposed to institutionalization or foster care.
- Attitudes toward mainstreaming vs. segregated programs.
- The availability of medical care locally.

Other issues unique to local communities may need to be examined.

General community information will help provide insight into the functioning of the local service environment and offers a background for interpreting service data. It is useful in defining a role for Head Start in services to young disabled children.

It is necessary, however, to remember that annual reports, brochures and similar agency materials are not usually objectively prepared, and may therefore be difficult to evaluate or the information may not be specific enough to be useful to the needs assessment project.

It will, however, be helpful in understanding the scope of commitment in the community to providing mainstream services to young handicapped children and their families.

NUMERICAL DATA

The purpose of collecting numerical data is to acquire baseline information regarding the number of young children with handicapping conditions, along with the nature of the conditions, within the target area. Basic categories of information needed are:

- Number of children below age 5 (or 6, depending on state education laws) who have been identified as having a handicapping condition, by category;
- A projected number of those as yet unidentified;
- Of those identified, the number receiving services, including pre-school developmental or educational programs;
- Of those identified, the number eligible for Head Start according to age and income;
- Of those unidentified, a projection of the number eligible for Head Start.

Accurate data are sometimes difficult to obtain for a number of reasons:

1. Most available data are based on those who seek services; children not yet identified by the service system are not included. There is reliable evidence that children from minority populations especially are under represented in the service system.
2. Professionals are reluctant to label a very young child, unless the handicapping condition is readily observable, such as a physical impairment;
3. Different providers use different definitions for handicapping conditions
4. Data is often fragmented, unless there is a central registry.
5. In obtaining information from more than one source, it is difficult to avoid duplicating the count, due to constraints of confidentiality.

Nonetheless, a numerical data base is necessary as a starting point in determining need. In making projections, sources can provide reasonable estimates which are more reliable than the 10-12% national incidence sometimes cited, as incidence varies widely from community to community.

The RAP or Handicap Services Specialist can assist in locating and obtaining state-generated statistical data.

RESOURCE INFORMATION

To obtain a clear picture of the resources available, and whether they are adequate to meet the needs of the children in the target group, the following information is needed:

- A list of resources that provide services to this population as all or part of their mission;
- The services available to pre-school children;
- Eligibility criteria and fees, including insurance accepted;
- Barriers encountered in providing services.

WHO TO SURVEY

A comprehensive list of services will typically include public and private developmental, health, social services and mental health agencies and advocacy groups, in addition to pre-school education programs. For a complete picture, it may be necessary to include those based outside the immediate community, if they provide services to a significant number of local children.

Local interagency clearing houses are useful in determining available resources, as are community directories, if they exist. For comprehensive surveys, it is necessary to go beyond just those groups specifically identified as serving children with handicapping conditions.

Identification of service barriers enables Head Start planners to determine priorities for Head Start and to define its role in the service environment.

SAMPLE SURVEYS

In the following pages sample surveys are shown that can be used to obtain information about the availability of service resources. Each has a somewhat different focus, and each is intended as a sample for adaptation for local use. Programs are expected to select the one that best meets their needs, or to developing their own.

Sample A is an "awareness" survey, intended to define the level of knowledge about Head Start and its role in the human service network. It may be a first step in developing linkages with other community resources. It will be most useful in those communities where there is not extensive linkage development, and where Head Start may have not been perceived as a viable handicap service provider. It may be used in conjunction with Sample B or C, and it is appropriate for mailing or interview.

Sample B focuses more directly on services to young children with handicapping conditions. Its purpose is to gather basic data on such topics as eligibility requirements, services available, staff and funding resources, etc. Summarized information from this survey should provide an accurate description of the service system in a given community. It can be widely disseminated by mail or used in telephone or face-to-face interviews.

Sample C is an in-depth survey that lists all the services a handicapped children might need, and generating information about the availability of the services and barriers to their use. It will provide an analysis of the service system that is comprehensive. It is probably best used in face-to-face interviews with a selected sample of programs, although it could be mailed out with advance notice or an explanatory cover letter. Extensive use would yield extremely valuable information.

Sample A

RESOURCE AWARENESS SURVEY

Head Start is a developmental program for children ages three to school age. It is federally funded for children from primarily low income families. Since 1972, the program, by Congressional mandate, has been required to make 10% of enrollment by state available to children with identified handicapping conditions.

Please respond to the following questions to help (your name) Head Start program determine how much is known about Head Start in our community.

Date _____

Name of person responding _____

Agency _____

Your title _____

Address _____ Phone number _____

_____

1. How knowledgable are you about the following aspects of Head Start?

	very		somewhat		not at all
The eligibility criteria	5	4	3	2	1
Geographic area served	5	4	3	2	1
Program components					
education	5	4	3	2	1
health	5	4	3	2	1
mental health	5	4	3	2	1
social services	5	4	3	2	1
nutrition	5	4	3	2	1
parent involvement	5	4	3	2	1
Head Start program options i.e. centers, home-based, dual enrollment, etc.	5	4	3	2	1
Policies and procedures for serving children with handicaps	5	4	3	2	1

2. How frequently do you have contact with Head Start program staff?
   ☐ frequently ☐ sometimes ☐ hardly ever ☐ never
3. Have you ever visited a Head Start Center? ☐ Yes ☐ No
4. Have you ever referred a child with a handicap or suspected handicap to Head Start? ☐ Yes ☐ No
5. Have you ever participated in planning for an individual Head Start child? ☐ Yes ☐ No
6. Would you like to have further information about Head Start? ☐ Yes ☐ No
7. Would you support periodic meetings between staff from your agency and Head Start staff? ☐ Yes ☐ No

Thank you for your cooperation in answering these questions. Please return to:

_____

_____

_____

by: _____
date

If you have questions, please call _____
telephone #

Sample B

COMMUNITY RESOURCES CHECKLIST

Name _____ Phone # _____

Title _____

Address _____

_____

Name of Agency _____

1. Ages of children served by this agency (circle appropriate numbers) 0 1 2 3 4 5 6 7
2. Handicapping conditions served (check all that apply)
   - ☐ Blindness
   - ☐ Visual impairment
   - ☐ Deafness
   - ☐ Hearing impairment
   - ☐ Physical or orthopedic impairment
   - ☐ Speech impairment
   - ☐ Health impairment
   - ☐ Health impairment of chronic illness
   - ☐ Mental retardation
   - ☐ Serious emotional disturbance
   - ☐ Specific learning disabilities
3. Approximate number below age six served annually: _____
4. List the kinds of professionals on your staff, such as psychologist, audiologist, special education teachers, MD's, nurses, etc., and the number of each.

   _____ _____

   _____ _____

   _____ _____
5. List eligibility factors: age _____ income _____ handicapping condition(s) _____

   _____
6. List services you provide:

   _____ _____

   _____ _____

   _____ _____
7. Describe how you involve parents:

   _____

   _____
8. Check the procedures used to secure clients: ☐ outreach ☐ referral ☐ self-referral ☐ other _____

   If referral, please list major sources; _____

   _____
9. Are your services used fully ☐ , moderately ☐ , minimally ☐ (check one).

   Do you have a waiting list: ☐ yes. ☐ no. If yes, how many are on it? _____
10. Are your services authorized by: (check all that apply)
    - ☐ State legislation
    - ☐ State agency policy
    - ☐ Local initiative
    - ☐ Federal legislation
    - ☐ Federal agency policy
    - ☐ other: _____ (please specify)
11. In providing services to individual children, do you (check as many as apply)
    - ☐ prepare individual service plans?
    - ☐ provide opportunities for mainstreamig?
    - ☐ plan for transition into next program?

(continued)

12. List the ways in which you have developed linkages with other service providers that serve young children and families.

_____ _____

_____ _____

_____ _____

13. Is there an interagency council in your community? ☐ yes, ☐ no
    If yes, do you participate in it? ☐ yes ☐ no ☐ don't know
14. Are you interested in participating further in interagency planning and similar activities? ☐ yes ☐ no
15. Is your program facility accessible to mobility impaired or sensorily impaired children and adults?
    ☐ yes ☐ no
16. If yes, please describe how. _____

    _____
17. List what you believe to be the 3 major needs for services to young handicapped children in your community, in descending order of their importance.

    1. _____
    2. _____
    3. _____

Thank you for your cooperation in filling in this survey.
Please return this survey to:

_____

_____

_____

_____

_____
phone

by _____
date

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Sample C

SURVEY OF COMMUNITY NEEDS AND RESOURCES

The following is a comprehensive list of services, any of which may be necessary to meet the individual needs of pre-school children with handicaps and their families in our community. Please complete this form and attach eligibility criteria.

Return by _____(give date)

_____ name of person/agency

Agency _____ Telephone _____ Name of Respondent _____ Date _____

SERVICE DESCRIPTION	Does your Agency provide this Service		Contact person for this service? (Name and Title)	No. of eligible children	Please list current problems/ barriers (to programs and facilities) in relation to this service.	Please specify payment requirements (insurances accepted, etc.)	Other Comments
	YES	NO					
CASE MANAGEMENT: Assuming responsibilities for coordinating all aspects of child's progress through screening, diagnosis and treatment.							
COMMUNITY EDUCATION: The provision of information aimed at improving community's awareness and public understanding of the needs of handicapped individuals and eliminating prejudice.							
COUNSELING: Provision of advice, direction or reassurance to a pre-school handicapped child or his/her family on a one-to-one basis or in a group.							
CHILD CARE: Care in a licensed facility for less than 24 hours.							
DIAGNOSIS: Professional judgement made regarding a condition based on the symptoms and providing, as a result, a categorical definition of the condition.							
EQUIPMENT: Teaching devices, audiovisual machines or other hardware except those which are considered treatment (eyeglasses, prosthetic devices).							
FINANCIAL ASSISTANCE: Direct provision of money for purchase of appliances, medical care, housing, etc.							

SURVEY OF COMMUNITY NEEDS AND RESOURCES — Page Two

SERVICE DESCRIPTION	Provide		Contact person for this service? (Name and Title)	No. of eligible children	Please list current problems/ barriers (to programs and facilities) in relation to this service.	Please specify payment requirements (insurances accepted, etc.)	Other Comments
	YES	NO					
FOLLOW-UP: The examination of a child's progress, on a regular basis, to determine if appropriate recommendations are being carried out.							
FOSTER CARE PLACEMENT: Placement of a child in a family home, licensed to provide 24-hour care on a continuing basis for children awaiting other placement or service.							
FUNCTIONAL ASSESSMENT: The process whereby a categorical diagnosis is related to a working definition describing limitations imposed by the condition, and identifying areas that require intervention.							
HEALTH SERVICES: Provision of medical, nursing, dental, clinic or hospital services.							
HOME HEALTH CARE: The services of an RN or LPN provided to the child in his or her home or in a foster home.							
HOMEMAKER SERVICE: Assistance in the care of the home and the family.							
INFORMATION & REFERRAL: Current information regarding available community resources and the capacity to direct a child to agency, program, individual or department for appropriate specific services.							
INSTRUCTION & TESTING MATERIALS: Any printed materials for the testing or education of a child, a service provider, parent or the public if it relates to their understanding of handicapped children.							
INTERDISCIPLINARY TEAM: A group of persons representing at least two areas of expertise who perform diagnosis, evaluation, and planning activities for a handicapped child.							
LEGAL SERVICE: Any service of a protective or advocacy nature performed by a professional or paraprofessional legal person.							

SURVEY OF COMMUNITY NEEDS AND RESOURCES — Page Three

SERVICE DESCRIPTION	Provide		Contact person for this service? (Name and Title)	No. of eligible children	Please list current problems/ barriers (to programs and facilities) in relation to this service.	Please specify payment requirements (insurances accepted, etc.)	Other Comments
	YES	NO					
NUTRITION ASSISTANCE: Support or guidance in planning necessary adjustments in food, as resulting from handicap.							
PARENT SUPPORT/EDUCATION: Formal or informal sessions for parents related to working with/caring for their disabled child.							
PERIODIC SCREENING: Developmental/health check to provide information on whether a problem may exist.							
PREVENTION SERVICES: Child Abuse, Neglect, genetic, alcohol counseling and other services designed to prevent occurence of handicap-causing conditions.							
RECREATION: Activities primarily of a social nature for handicapped children and/or their families.							
RESPITE CARE: Providing temporary residential care to assist families.							
SPECIALIZED EDUCATION: Instruction of training primarily in all areas of cognitive development designed especially for 0-6 years in classroom or home.							
STAFF TRAINING: Training for professionals or paraprofessional persons to improve their expertise in any area of service to handicapped children and/or their families.							
TRANSPORTATION: Provision of direct transportation with agency, public or private vehicles.							
TREATMENT: The direct provision of speech, occupational, physical therapy.							

CONSUMER INFORMATION

Parents are the real experts on their child's needs. For an accurate picture of availability and accessibility of services, information provided by consumers must be an integral part of the needs assessment process.

WHO TO SURVEY

It is more efficient to target surveys to parents in identifiable groups. Be aware, however, results will be biased in favor of those who seek out services. How to reach parents who may not use any of the available services is always difficult; one method may be to ask Head Start parents to disseminate questionnaires to their neighbors or friends.

By surveying parents in programs for which income is not an eligibility factor, such as schools, and comparing results with those on Head Start surveys, income issues may be readily identified.

Programs that survey a large number of randomly selected parents may wish to acquire further in-depth information by interviewing individuals in a smaller number, selected by using previously agreed-upon indicators identified in responses to certain questions.

SAMPLE SURVEYS

Three parent surveys are included in this publication to suggest a variety of approaches. They are intended as samples only, from which a selection to best meet project objectives may be made. Programs should select the one most appropriate to their situations, or develop their own, using locally appropriate content.

Sample D can have a dual purpose. It is appropriately used with parents in the intake process, if adapted by adding personal identification. It can also be used for expanded distribution in target areas to identify general needs and also needs specific to those families for whom a handicapped child may make those needs more acute. It can add to the awareness of the social services staff of the added needs of families with a handicapped child, and can contribute to community awareness of the need for mainstream facilities in a number of areas beyond education and development.

Sample E, "Survey of Parents of Children with Handicapping Conditions," is more specifically directed to parents of young children, who may have a child in Head Start or in some other program. It identifies service needs, parent experiences, awareness of services, and activities as well as some perception issues. It is appropriate for mailing to individuals or for use in group interviews. Asking parents to rank order needs and activities contributes to identifying program priorities.

Sample F, "Survey of Parents Experiences with Services" may be considered a companion piece to the "Survey of Community Needs and Resources." It is used to gain insight into parent perceptions of these same services. It is intended for use in personal interviews by a staff member who can provide explanations of the services listed, as necessary. Those interviewed may be Head Start parents or parents referred by other agencies which provide services to this group of childen.

Using the information gathered in this survey in comparison to that in the "Survey of Community Needs and Resources" may give a clearer picture of service needs in the community than could be obtained in any other way.

Sample D

COMMUNITY NEEDS ASSESSMENT FOR FAMILY SERVICES

Date _____

Geographic area in which you live _____
(town, neighborhood, etc.)

How many in your family? _____children _____adults

What is your estimated annual income?

☐ below $5,000 ☐ $ 5,000-$ 8,000 ☐ $ 8,000-$10,000 ☐ $10,000-$20,000 ☐ above $20,000

Is your child enrolled in Head Start? ☐ Yes ☐ No

Does anyone in your family have a disability? ☐ Yes ☐ No

If yes, please, give the diagnosis. _____

Is the person with a disability adult? ☐ Yes ☐ No
child? ☐ Yes ☐ No

Do you receive appropriate service for your disabled family member? ☐ Yes ☐ No

Would you like some help in obtaining needed services? ☐ Yes ☐ No

Please review the following list of services. Place a check (✓) by those items you need that are not now available. Place two checks (✓✓)if the need is caused by your or your child's handicapping condition.

A. Community Services

_____ Expansion of Head Start
_____ Cultural art programs
_____ Family recreation opportunities
_____ other _____
(specify)

B. Child Care

_____ Referral services
_____ Head Start/other personnel
_____ After school care
_____ Part-day care
_____ Respite care
_____ Full-day care
_____ Training for family day care providers
_____ 24-hour service
_____ Emergency child care

C. Transportation

_____ Emergency transportation
_____ Child care transportation
_____ Mass transit
_____ Help in getting child's car seat
_____ Handicap accessible transportation

D. Employment

_____ Career/occupational counseling
_____ Training/placement
_____ Employment for disabled adult
_____ other _____
(specify)

E. Health

_____ Prevention education
_____ Walk-in care
_____ Public health clinic
_____ Nutrition education/meal planning
_____ other _____
(specify)

F. Housing Services

_____ Utility bill assistance
_____ Low or middle income housing
_____ Rent assistance
_____ Accessible housing
_____ Financial assistance to repair/retrofit house
_____ Weatherization
_____ Emergency housing

G. Legal Services

_____ Legal Aid services
_____ Legal clinic services
_____ Legal counseling
_____ other _____
(specify)

H. Crime Prevention

_____ Crime prevention education
_____ Neighborhood watch groups
_____ Increased police patrols

I. Education

_____ Adult continuing education
_____ GED classes
_____ Literacy classes
_____ Pre-kindergarten for special needs children
_____ Library programs for pre-school children
_____ other _____
(specify)

J. Miscellaneous

_____ Family support/advocacy services
_____ Drug/alcohol abuse services
_____ Financial planning services
_____ Child abuse/neglect services
_____ Battered women's services
_____ Counseling/mental health services
_____ other _____
(specify)

Sample E

SURVEY OF PARENTS OF CHILDREN WITH HANDICAPPING CONDITIONS

Please answer the following questions according to your own viewpoint. Information contained in the survey is confidential, and will be used to determine the needs in the community for services to children with handicapping conditions. Any personally identifying information will not be given to anyone outside the Head Start program without your written permission. Sign your name only if you wish to do so.

Date _____

Geographic area in which you live _____
(town, neighborhood, etc.)

How many in your family? _____ children _____ adults

What is your estimated annual income?

☐ below $5,000 ☐ $ 5,000-$ 8,000 ☐ $ 8,000-$10,000 ☐ $10,000-$20,000 ☐ above $20,000

My child has a handicapping condition in the following areas: (check all that apply):

☐ Speech and language development
☐ Hearing impairment
☐ Vision impairment
☐ Ability to learn
☐ Behavior problems
☐ Physical development
☐ Physical impairment
☐ Health impairment or chronic illness
☐ Other _____
(please specify)

My child was enrolled in a pre-school program before age 3. ☐ Yes ☐ No

If you checked yes, give the program's name _____

My child is currently receiving treatment or therapy for his/her handicapping condition. _____yes, _____no.

If you answered yes, please describe the therapy, and where it is received. _____

If you answered no, please check the reason(s). Check all that apply.

☐ no therapy needed
☐ I don't know where to get it
☐ I know where to get it, but it is too far to travel regularly
☐ It is available, but too expensive
☐ We don't qualify because of
  ☐ child's age
  ☐ income too high
☐ Treatment was not satisfactory
☐ Transportation not available
☐ I have no one to care for the other children during therapy visits
☐ I don't feel my child was making progress
☐ I did not like the therapist
☐ Other _____
(please specify)
_____

I need services related to my child's handicapping condition in these areas (check all that apply):

☐ Regular contact with other parents to exchange information _____
☐ Information about my child's handicapping condition _____
☐ Referrals to agencies that give appropriate help _____
☐ Assistance in dealing with therapists, specialists, etc. _____
☐ Assistance in understanding and filling of forms _____
☐ Financial assistance for medical services, appliances, such as braces, special footwear, clothing, special furniture, wheeled chair, etc. _____
☐ Financial assistance for therapy, treatment _____
☐ Counseling from specialists who work with families of children with disabilities _____
☐ Assistance in planning for special nutritional needs _____
☐ Assistance in adapting for special physical limitations _____
☐ Assistance in understanding my legal rights concerning education _____
☐ Assistance in meeting and working with special education staff in the public school my child will attend _____
☐ Transportation to medical, therapy appointments _____
  ☐ Recreational, social activities _____
  ☐ Respite care _____
  ☐ Other _____
  (please specify)

Now rate the items you checked above in the order of their importance to you. Place a (1) beside the one that is most important, (2) for those almost as important, and so on.

PARENT SURVEY — Page Two

Have the rights of parents to participate in their child's education been explained to you? ☐ Yes ☐ No

If yes, by whom? _____

Where did you find out about services to your child? Check all that apply.

☐ Newspaper
☐ TV
☐ School staff
☐ Head Start
☐ Friend or other parent
☐ Doctor
☐ Public Health Nurse
☐ Social worker
☐ Brochure
☐ Other _____ (please specify)

Are you a member of a support or advocacy group for parents of children with disabilities? ☐ Yes ☐ No

Is there such a group in your community? ☐ Yes ☐ No, ☐ don't know

If yes, please list the group and its sponsor.

_____ _____

Have you ever received training in caring for your disabled child? ☐ Yes ☐ No

If yes, what was most helpful? _____

Has anyone come into your home to help care for your child? ☐ Yes ☐ No

What kinds of services do you think are most needed in your community for parents of disabled children? List as many as you can.

_____ _____

_____ _____

This is a list of typical activities for parents. Please check all of those in which you participate.

☐ 1. Organized parent meetings. _____
☐ 2. Informal parent groups. _____
☐ 3. Parent counseling. _____
☐ 4. Training for working with your child. _____
☐ 5. Seeking out and studying information about handicapping conditions. _____
☐ 6. Parent-to-parent matchups. _____
☐ 7. Social events, such as pot lucks, Christmas parties, etc. _____
☐ 8. Fund raising activities. _____
☐ 9. Helping plan your child's individual program. _____
☐ 10. Participating in assessing your child's abilities. _____
☐ 11. Charting your child's behavior. _____
☐ 12. Working with your child at home. _____
☐ 13. Participating in parent conferences. _____
☐ 14. Helping in the classroom. _____
☐ 15. Making materials and equipment. _____
☐ 16. Relating your experiences to other peoples. _____
☐ 17. Speaking to parent or community groups about having a disabled child. _____
☐ 18. Serving on committees or councils. _____
☐ 19. Testifying to the legislature/school board, etc. about need of children with disabilities _____
☐ 20. Advocating for other parents and helping them about services. _____
☐ 21. Other _____

Rate the items you checked in order of their importance, with (1) as most important, (2) next most important and so on. If there are activities listed in which you would like to participate but are not now available, please circle the number.

Please check the statement(s) below that best describes your belief.

☐ I believe it is very important for my child to be mainstreamed with children who are not handicapped.
☐ I believe it is important to have my child in a mainstream program for at least part of the time, with special services obtained somewhere else.
☐ I have no strong feelings about mainstreaming, I just want my child to have the services he/she needs.
☐ I want my child to be in a program where all other children have a handicapping condition.
☐ I believe my child will get the best services in a program where services are all specialized for children like him/her.

Thank you for your time and thoughtful answers. Your participation is much appreciated.

Figure F

SURVEY OF PARENTS' EXPERIENCES WITH SERVICES

SERVICE DESCRIPTION	1. Do you need this service?		2. Do you know if it is available?		3. (If "yes" to 1.) Have you used, or are you now using this service?		If you have used this service, please comment on any barriers/problems you feel may be keeping it from being more effective. Consider the following questions: 1. Did the staff give you the assistance you needed? 2. Could you afford the service? 3. How did you hear about it? 4. Did the service do what you had hoped it would? (NOTE TO INTERVIEWER: Also use this space to indicate the title of the agency providing all services used by the family, if known.)
	YES	NO	YES	NO	YES	NO	
CASE MANAGEMENT: Assuming responsibilities for coordinating all aspects of child's progress through screening, diagnosis and treatment.							
COMMUNITY EDUCATION: The provision of information aimed at improving community's awareness and public understanding of the needs of handicapped individuals and eliminating prejudice.							
COUNSELING: Provision of advice, direction or reassurance to a pre-school handicapped child or his/her family on a one-to-one basis or in a group.							
CHILD CARE: Care in a licensed facility for less than 24 hours.							
DIAGNOSIS: Professional judgement made regarding a condition based on the symptoms and providing, as a result, a categorical definition of the condition.							
EQUIPMENT: Teaching devices, audiovisual machines or other hardware except those which are considered treatment (eyeglasses, prosthetic devices).							
FINANCIAL ASSISTANCE: Direct provision of money as contrasted to provision of donated services, housing, medical care, etc.							
FOLLOW-UP: The examination of a child's progress, on a regular basis, to determine if appropriate recommendations are being carried out.							
FOSTER CARE PLACEMENT: Placement of a child in a family home, licensed to provide 24-hour care on a continuing basis for children awaiting other placement or service.							

SURVEY OF PARENTS' EXPERIENCES WITH SERVICES — Page Two

SERVICE DESCRIPTION	1. Do you need this service?		2. Do you know if it is available?		3. (If "yes" to 1.) Have you used, or are you now using this service?		If you have used this service, please comment on any barriers/problems you feel may be keeping it from being more effective. Consider the following questions: 1. Did the staff give you the assistance you needed? 2. Could you afford the service? 3. How did you hear about it? 4. Did the service do what you had hoped it would? (NOTE TO INTERVIEWER: Also use this space to indicate the title of the agency providing all services used by the family, if known.)
	YES	NO	YES	NO	YES	NO	
FUNCTIONAL ASSESSMENT: The process whereby a categorical diagnosis is related to a working definition describing limitations imposed by the condition, and identifying areas that require intervention.							
HEALTH SERVICES: Provision of medical, nursing, dental, clinic or hospital services.							
HOME NURSING SERVICE: The services of an RN or LPN provided to the child in his or her home or in a foster home.							
HOMEMAKER SERVICE: Assistance in the care of the home and the family.							
INFORMATION & REFERRAL: Current information regarding available community resources and the capacity to direct a child to agency, program, individual or department for appropriate specific services.							
INSTRUCTION & TESTING MATERIALS: Any printed materials for the testing or education of a child, a service provider, parent or the public if it relates to their understanding of handicapped children.							
INTERDISCIPLINARY TEAM: A group of persons representing at least two areas of expertise who perform diagnosis, evaluation, and planning activities for a handicapped child.							
LEGAL SERVICE: Any service of a protective or advocacy nature performed by a professional or paraprofessional legal person.							
NUTRITION ASSISTANCE: Support or guidance in planning necessary adjustments in food, as resulting from handicap.							

SURVEY OF PARENTS' EXPERIENCES WITH SERVICES — Page Three

SERVICE DESCRIPTION	1. Do you need this service?		2. Do you know if it is available?		3. (If "yes" to 1.) Have you used, or are you now using this service?		If you have used this service, please comment on any barriers/problems you feel may be keeping it from being more effective. Consider the following questions: 1. Did the staff give you the assistance you needed? 2. Could you afford the service? 3. How did you hear about it? 4. Did the service do what you had hoped it would? (NOTE TO INTERVIEWER: Also use this space to indicate the title of the agency providing all services used by the family, if known.)
	YES	NO	YES	NO	YES	NO	
PARENT SUPPORT/EDUCATION: Formal or informal sessions for parents related to working with/caring for their disabled child.							
PERIODIC SCREENING: Developmental/health check to provide information on whether a problem may exist.							
PREVENTION SERVICES: Child Abuse, Neglect, genetic, alcohol counseling and other services designed to prevent occurence of handicap-causing conditions.							
RECREATION: Activities primarily of a social nature for handicapped children and/or their families.							
RESPITE CARE: Providing temporary residential care to assist families.							
SPECIALIZED EDUCATION: Instruction of training primarily in all areas of cognitive development designed especially for 0-6 years in classroom or home.							
TRANSPORTATION: Provision of direct transportation with agency, public or private vehicles.							
TREATMENT: The direct provision of therapy, medication or prosthesis, eyeglasses, etc.							

Figure 5

SURVEY FORMS AT A GLANCE

The following table summarizes each of the survey instruments included in this publication, with a brief explanation, for ease in selecting the most appropriate form for use or adaptation.

TITLE OF FORM	HOW TO USE IT
I. NUMERICAL DATA	
Sample A: **Numerical Information Worksheet**	Guide to identifying and classifying useful numerical data.
II. RESOURCE INFORMATION	
Sample A: **Resource Awareness Survey**	Helps determine knowledge and awareness of Head Start services to children with handicaps. Intended for selective use.
Sample B: **Community Resources Checklist**	Basic data on numbers served, eligibility, services provided, etc. May be mailed to large numbers, or used in group interviews.
Sample C: **Survey of Community Needs and Resources**	In-depth survey, using a service by service approach. Identifies contact persons and service barriers. May be broad dissemination, with follow-up.
III. CONSUMER INFORMATION	
Sample D: **Community Needs Assessment for Family Services**	General assessment of typical family needs, also needs affected by handicapped child. Can also be used in social services family assessment.
Sample E: **Survey of Parents of Children with Handicapping Conditions**	Directed specifically to parents of identified or suspected handicapped children. Used for broad distribution or group interviews.
Sample F: **Survey of Parents' Experiences With Services**	Also for parents currently receiving or needing services, using service by service approach. Meant for use in one-to-one interview by person knowledgable about services.

TABULATING THE DATA

All the information that has been collected with such great care must be compiled in a format that lends itself to analysis, if it is to be useful. Tabulation, or recording the response to a survey, is more than a routine clerical task. It calls for ability to be objective in judgement, and willingness to make literal interpretation of answers. It is therefore a task for the coordinator, with careful review by the committee. Bias can be a problem when tabulating more subjective kinds of information, such as perceptions of barriers, or information shared in interviews.

The simplest method is to tabulate answers on a blank form of the original survey instrument, depending on its design. Other tabulation forms are suggested in this section.

Table A is a simple method for tabulating numerical data. Table D relates to information in the Survey of Community Needs and Resources and Table F is to be used with the survey of Parents Experiences with Community Resources.

Table A

NUMERICAL INFORMATION WORKSHEET

1. Total Population: _____
   (Census Bureau information)

   Total Number of Children Birth to Three: _____
   (Census Bureau information)

   Total Number of Children Three to Five or Six _____
   (Census Bureau information)

2. **TOTAL Number of Children Identified as Handicapped as Shown by Major Disability and Age.**
   (You may use the Head Start diagnostic criteria and definitions of handicapping conditions. If agencies do not use the Head Start definitions, they should agree on other definitions and make sure these are used by anyone responding to the worksheets.

DISABILITY	BIRTH TO THREE	THREE TO SIX
Blindness	_____	_____
Visual Impairment	_____	_____
Deafness	_____	_____
Hearing Impairment	_____	_____
Physical Handicap (Orthopedic)	_____	_____
Speech Impairment	_____	_____
Health Impairment	_____	_____
Mental Retardation	_____	_____
Serious Emotional Disturbance	_____	_____
Specific Learning Disabilities	_____	_____
TOTAL NUMBER OF CHILDREN Identified as Handicapped:	_____	_____

*Source: Community Services Workbook for Collaborative Services to Pre-school Handicapped Children. Magrab, Kazuk, and Greene. pp. 9-11, 1981.

3. **Summary of Numerical (continued)**

A. Total number of Children in catchment area:

Birth to Three _____

Three to Five or Six _____

TOTAL: _____

B. Total number of children **estimated*** to be handicapped within total population:

Birth to Three _____

Three to Five or Six _____

TOTAL: _____

C. Total number of children **identified** as handicapped within total population:

Birth to Three _____

Three to Five or Six _____

TOTAL: _____

D. Number of children estimated to be **unidentified:**

Birth to Three _____

Three to Five or Six _____

TOTAL: _____

E. Estimated number of **identified** children eligible for Head Start:

Birth to Three _____

Three to Five or Six _____

TOTAL: _____

F. Estimated number of of **unidentified** children eligible for Head Start:

Birth to Three _____

Three to Five or Six _____

TOTAL: _____

*Estimated number should include both identified and unidentified children.

Table B

SERVICE PROVIDERS FOR CHILDREN WITH HANDICAPS

Tabulation of Services

Head Start Program _____

Date _____

List the agencies which you received a response. In the cubes, place the totals of children for which each provides service.	Case Management	Community Education	Counseling	Child Day Care	Diagnosis	Equipment	Financial Assistance	Follow-Up	Foster Care Placement	Functional Assessment	Health Services	Home Health Care	Homemaker Service	Information/ Referral	Instruction Testing Mat'l	Interdisci-plinary Team	Legal Service	Nutrition Assistance	Parent Support /Education	Periodic Screening	Prevention Services	Recreation	Respite Care	Special Education	Staff Training	Transportation	Therapy/Spch Occupat'l Phys.	Other	Other	Other		
_____																																
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_____																																
_____																																
_____																																
Tabulate reported barriers on a separate page.																																

Table C

PARENT SURVEY

Tabulation of Services

Head Start Program _____

Date _____

List the tabulated numbers in appropriate boxes.	Case Management	Community Education	Counseling	Child Day Care	Diagnosis	Equipment	Financial Assistance	Follow-Up	Foster Care Placement	Functional Assessment	Health Services	Home Health Care	Homemaker Service	Information/ Referral	Instruction Testing Mat'l	Interdisci-plinary Team	Legal Service	Nutrition Assistance	Parent Support /Education	Periodic Screening	Prevention Services	Recreation	Respite Care	Special Education	Staff Training	Transportation	Therapy/Spch Occupat'l Phys.	Other	Other	Other		
1. Number of parents reporting needing the service.																																
2. Numbers who know of its availability																																
3. Numbers of parents who use the service																																
Tabulate reported barriers on a separate page.																																

USING THE INFORMATION

PREPARING THE SUMMARY

In summarizing the numbers of children, the needs discovered and the resources available, objectivity is an important goal. Care must be taken that the summary of the entire effort includes all relevant information. It must not be made up of only those parts that support the coordinator's or the agency's biases. Also, relevance is important. It is not necessary to include those data that do not have a relationship to the Head Start program.

The summary should include these elements:

- A brief narrative account of the process;
- Totals of numerical data that indicate the number of children in the age range who have handicapping conditions;
- The number eligible for Head Start by reasons of income:
- The number of children with handicapping conditions by category;
- The extent of services already existing in the community;
- Needs identified by consumers and providers; satisfaction levels;
- Correlation of level of services with numbers and needs;
- Identified gaps in services;
- Identified barriers to use of existing service, including consumer awareness.

Generally, copies of the summary should be shared with participating agencies, when the written summary has been officially approved. Negative findings may need to be shared with those concerned prior to publication, in an effort to preserve relationships.

SETTING PRIORITIES

Planning issues and priorities that may be influenced by the final community needs assessment report are:

- What additional staff are needed, if any, and how can current staff be distributed most effectively?
- Are present enrollment priorities and procedures effective for enrolling severely disabled children?
- How will present program locations be affected? Will new ones be needed?
- How can PA #26 be budgeted for most effective use?
- What resources in the community appear to be most appropriate for establishing linkages for referral of children? for family needs? for staff training?
- In what areas is Head Start advocacy most needed? Parent advocacy? Parent advocacy training?

There may be more; these are the most obvious that apply to most Head Start programs. Local situations will suggest others.

The needs assessment process can be considered to have been effective if:

1. **The final report is available to those who will use it in time for relevant decision making.**

This means the process was well-planned in advance, scheduled at an appropriate time in the calendar and program year, and adequate time was allowed for delays.

2. **The information is summarized in a form useful for setting priorities and for planning.**

Program priorities are set by decision making groups, including Policy Councils and Boards of Directors, working with program administrators. The information must be presented in a manner that will assist these bodies to determine (a) those needs that are best met by Head Start, (b) those that require linkage between Head Start and other service providers, and (c) those that cannot be met by Head Start but may be appropriate areas for community advocacy.

For example, if the needs assessment turns up information there are a number of parents who are severely hearing impaired, the program may need to set as a priority the development of a system for providing interpreters, in order to permit their participation in various parent involvement activities.

Another example might be the finding of a large number of children below age three who will need Head Start services. This would require planning for the following year as a priority, as well as developing linkage with whatever service system in the community provides services to this age group.

Other examples may be to consider the needs of the children for a mainstream program, or community deficits in providing play opportunities or other socializing experiences for children who have handicapping conditions.

3. **The information raises new questions for Head Start and the community in which it exists, in addition to providing answers to the questions it raised.**

Willingness to raise questions in the organization and in the community is the hallmark of a dynamic Head Start program, one that continually looks for new ways to respond to ongoing problems and does not hesitate to identify new ones.

4. **The Head Start program has expanded recognition as a viable service provider to children with handicapping conditions.**

The community needs assessment process, focused on needs of children with handicaps, provides a valuable mechanism for building or improving cooperative relationships between Head Start and those other community resources providing services to young children with handicaps. By reaching out into the community, the Head Start program not only enhances visibility, it increases its own ability to provide comprehensive services to those children with handicapping conditions.

CONCLUSION

This guide has outlined methods for completing the first two steps of the program cycle — assessing community needs and analyzing resources, as they relate to children with handicapping conditions. It also suggests how the community needs assessment can affect the development of program priorities in this area of services, step three in the cycle.

It seems clear the process of determining needs and analyzing resources within and outside the program forms the foundation for all program planning in Head Start.

The remaining steps in the cycle, establishing goals and objectives, developing and implementing strategies and evaluating the results will be more readily accomplished when built on the base of knowledge of community needs and resources.

It is important to remember, however, that it is a cycle, and the steps of implementation and evaluation will suggest new needs for data and information, thus beginning the cycle again.

In addition to its uses in program planning, the community needs assessment is of prime importance as it demonstrates recognition of accountability to the community and the families it serves, as well as to the funding source, as a primary principle in planning effective Head Start programs.

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